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Bib Data Sheet

CONFIRMATION NO. 9612

<b>SERIAL NUMBER</b> 10/626,439	<b>FILING OR 371(c) DATE</b> 07/24/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3767	<b>ATTORNEY DOCKET NO.</b> 074509.0102
<b>APPLICANTS</b> Daniel P. Shevlin, McKinney, TX; <i>One PS</i>				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/399,618 07/29/2002 <i>yes PS</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>None PS</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 04/13/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Philip Shevlin</i> Examiner's Signature <i>PS</i> Initials		<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 53 <b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 05073				
<b>TITLE</b> System and method for iontophoretic transdermal delivery of one or more therapeutic agents				
<b>FILING FEE RECEIVED</b> 985	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	